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**TO:** Commissioner for Patents - United States Patent and Trademark Office

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CENTRAL FAX CENTER****FROM:** Paula Durr (Typed or printed name of person signing Certificate)

DEC 02 2005

Fax No. 513-634-3848

Phone No. 513-634-2061

Application No.: 10/719,258

Inventor(s): Edward Paul Carlin

Filed: November 21, 2003

Docket No.: 9433

Confirmation No.: 2799

**FACSIMILE TRANSMITTAL SHEET AND  
CERTIFICATE OF TRANSMISSION UNDER 37 C.F.R. §1.8**

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office on December 2, 2005, to the above-identified facsimile number.

 (Signature)

Listed below are the item(s) being submitted with this Certificate of Transmission:\*\*

- 1) Amendment Transmittal-1 page
- 2) Response to Restriction Requirement-4 pages
- 3)
- 4)
- 5)

Number of Pages Including this Page: 6

**Comments:**

\*\*Note: Each paper must have its own certificate of transmission, OR this certificate must identify each submitted paper.  
(FAX-USPTO.doc Revised 11/18/2005)

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No. : 10/719,258  
 Inventor(s) : CARLIN, Edward Paul  
 Filed : 11/21/2003  
 Art Unit : 3761  
 Examiner : Hand, Melanie J.  
 Docket No. : 9433  
 Confirmation No. : 2799  
 Customer No. : 27752  
 Title : Tampon With Raised Portions Having Multiple Widths

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1.  No additional fees (claims fees or extension fees) are known to be required.
2.  The fee has been calculated as shown below:

	(Col. 1)		(Col. 2)	(Col. 3)	OTHER THAN A SMALL ENTITY	
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA*	RATE	Fee
TOTAL	*	MINUS	**	=	x \$ 50 =	\$
INDEP.	*	MINUS	***	=	x \$200 =	\$
FIRST PRESENTATION OF MULTIPLE DEP. CLAIM					+ \$360 =	\$
					TOTAL	\$

\* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

\*\* If the highest number of total claims previously paid for is less than 20, write "20" in this space.

\*\*\* If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

3.  The Commissioner is hereby petitioned under 37 CFR §1.136(a) to grant any extension of time needed for timely response to the Office Action dated November 1, 2005 in the above-identified application to preserve pendency of said application. The processing fee under 37 CFR §1.17 has been determined as follows: \$120.00 for a one-month extension of time.
4. The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 16-2480. A duplicate copy of this sheet is attached.
  - a.  Any patent application processing fees under 37 CFR §1.16.
  - b.  Any patent application processing fees under 37 CFR §1.17.

5. The Director is hereby authorized to make any additional copies of this sheet needed to accomplish the purposes provided for herein and to charge any fee for such copies to Deposit Account No. 16-2480.

THE PROCTER & GAMBLE COMPANY

By   
Signature

James E. Oehlenschlager

Typed or Printed Name

Registration No. 50,164

(513) 634-3447

Date: December 2, 2005  
 Customer No. 27752  
 (Transamd.doc) Revised 8/3/2005

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Filed : 11/21/2003  
Art Unit : 3761  
Examiner : Hand, Melanie J.  
Docket No. : 9433  
Confirmation No. : 2799  
Customer No. : 27752  
Title : Tampon With Raised Portions Having Multiple Widths

**RESPONSE TO RESTRICTION REQUIREMENT UNDER 37 CFR §1.142**

Mail Stop Amendment  
Commissioner for Patents  
P. O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

**INTRODUCTORY REMARKS**

In response to the Office Action of November 1, 2005 please consider the following remarks and reconsider the application.

Please amend the above-identified application as follows:

*Amendments to the Claims begin on page 2 of this paper.*

*Remarks begin on page 4 of this paper.*